



Notice of Intent

To Obtain Coverage Under the Statewide General Permit for Biosolids Management

☐

Yes - check this box if the following statement applies

"The facility identified here engages in biosolids treatment/management activities that are regulated under Chapter 173-308 WAC and which are subject to coverage under the statewide general permit for biosolids management. The facility is submitting this Notice of Intent for the ultimate purpose of obtaining coverage under the statewide general permit for biosolids management. The applicant understands that a complete permit application is required at a later date. Further, until such time as final coverage under the permit is granted, the applicant understands that compliance is required with applicable provisions of Chapter 173-308 WAC and the basic terms and conditions of the statewide general permit for biosolids management."

1. Facility Name: _____
2. Facility Address: _____
Street _____ City _____ State _____ Zip Code _____
3. Mailing Address: _____
Street/P.O. Box _____ City _____ State _____ Zip Code _____
4. Operators Name: _____
5. Operators Address: _____
Street _____ City _____ State _____ Zip Code _____
6. Operators Phone: (_____) _____ Fax(_____) _____
7. Ownership Status:
Name of Legal Owner: _____
- (Check One) _____ Federal _____ Private _____ Other
_____ State _____ Public

8. On additional sheets of paper please provide the following information:

- A) A list of sites where your facility treats, stores, applies, or disposes of biosolids, including county & state.
- B) A brief description of your activities at each location above.
- C) A list of any permits issued, including solid waste permits, for each of the locations above.
- D) The wet-weather design flow capacity of your facility, in millions of gallons per day.
- E) The expiration date of your current NPDES or State Waste Discharge permit, or if expired, the date on which your permit renewal application is or was due.

Certification of Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature of Legal Representative _____ Date _____

Send the complete form to: _____
and also to the appropriate local health
department(s) and regional Ecology
office(s) as directed in WAC 173-308-310(7).

Washington State Department of Ecology
Solid Waste & Financial Assistance Program
PO Box 47600
Olympia, WA 98504-7600
Attn: Biosolids Coordinator